I. MEDICAL IDENTIFICATION CARD

CLARIFYING INFORMATION

1. The ACES system generates a medical identification card (MAID) monthly for clients eligible for medical programs. A MAID is not generated for the following Medicare savings programs:

- a. Qualified Disabled Working Individual (QDWI);
- b. Special Low Income Medicare Beneficiaries (SLMB);
- c. Qualified Individual (QI 1) or QI 2.
- 2. A replacement MAID can be generated through the local issuance function of ACES or through the ACES batch system.
- 3. Each AU receives a separate MAID.
- 4. The information printed on the MAID is derived from two sources; ACES and information passed to ACES from the Medical Assistance Administration (MAA) Medicaid Management Information System (MMIS).
- 5. ACES is responsible for the following information printed on the MAID:
 - a. CSO address;
 - b. Eligibility period;
 - c. Client name and address;
 - d. CSO number;
 - e. AU number;
 - f. Primary Language (other than English);
 - g. Medical coverage group code.
- 6. MAA supplies ACES with the following information which is printed on the MAID:

- a. Level of coverage (e.g., CNP, Family Planning Only, MNP, etc);
- b. The phone number and partial name of any appropriate Healthy Options carrier or primary care case management provider (PCCM);
- c. All of the patient identification code (PIC) data;
- d. Medicare claim number (HIC);
- e. Any restrictions; and
- f. Any other medical coverage information.

ACES does not interface with MAA before generating the initial issuance of a MAID. Because of this, the initial MAIDs do not contain all of the medical coverage information. This will appear on any subsequently issued MAIDs.

SAMPLE MEDICAL ID CARD

| | | D | A ALV | | <i></i> | 11 | | | | |
|------------------------------------|------------|--------------|------------------------------|-------------------------------------|---------|-------|-------------|----------|--------------|-------|
| Please read the back of this card. | | | | MEDICAL IDENTIFICATION CARD | | | | | | |
| 123 Main Street | | | | This Card Valid From: 07/01/1997 | | | | | 97 | |
| Anytown, WA 98000 | | | | | | F06 | Т | o: 07/31 | /1997 | |
| Patient Identification Code (PIC) | | | Medical Coverage Information | | | | | | | |
| Initials | Birthdate | Last Name | ТВ | Insurance Medicare | НМО | Detox | Restriction | Hospice | DD Client | Other |
| AA | 010790 | CITIZ | Α | | 10 | 11 | 12 | 13 | 14 | 15 |
| | | | | | | | | | | |
| HIC | N/A | 16 | | | | | | | | |
| HIC | 547474514A | 17 | | | | | | | | |

18 A.A. Citizen 123 Main Street Anytown, WA 98000 19 CNP 20 Client on Review, etc. 211-800-xxx-xxxx 22008 004009175 23 L0000999*111234B 24

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE DSHS 06-028 (REVISED 8/93) (AC 06/1996)

(NOT TRANSFERABLE)
SIGNATURE (Not Valid Unless Signed)

| | KEY TO THE MEDICAL ID CARD |
|-------------|---|
| AREA | DESCRIPTION |
| | Address of CSO |
| | Date eligibility begins |
| | Date eligibility ends |
| | F06 medical coverage group would be shown for children's CN, etc. |
| Patient Ide | ntification Code (PIC) Segments Are: |
| | First and middle initials (or a dash (-) if middle initial is not known) |
| | Six-digit birth date, consisting of numerals only (MMDDYY) |
| | First five letters of the last name (and spaces if the name is fewer than five letters |
| | Tie breaker (an alpha or numeric character) |
| Medical Co | verage Information: |
| | Insurance carrier code - A four-character alphanumeric code (insurance carrier code) in this area indicates that private insurance plan information. |
| | Medicare - Xs indicate the client has Medicare coverage. |
| 10 | HMO (Health Maintenance Organization) - Indicates enrollment in a MAA Healthy Options managed health care plan. (Managed health care plan is synonymous with health maintenance organization or HMO.) This area may also contain the legend PCCM. |
| 11 | Detox - Xs indicate eligibility for a three-day alcohol or a five-day drug detoxification program. |
| 12 | Restriction - Xs indicate the client is assigned to one physician and one pharmacist. The word client on review in Area 18 will also indicate restricted clients. |
| 13 | Hospice - Xs indicate the client has chosen hospice care. |
| 14 | DD client - Xs indicate this person is a client of the DSHS Division of Developmental Disabilities. |
| 15 | Other - This area is not in use. |
| 16 | HIC is the Medicare Insurance claim number - where there is none the card shows N/A (Not Applicable). |
| 17 | HIC shown here indicates that the client is on Medicare. |
| 18 | Name and address of client, head of household, or guardian. |
| 19 | Program and Scope of Care indicators. |
| 20 | Other messages (e.g., client on review, delayed cert.). |
| 21 | Telephone number and name of PCCM, or plan. |
| 22 | ACES - Local field office (3 digits), assistance unit # (9 digits). |

| 23 | Internal control numbers for DSHS use only. |
|----|--|
| 24 | Client's signature - May be used to verify identity of client. |

Medical Coverage Group Field on MAID

There is a new field located on the MAID card in the upper right-hand corner next to the validations dates. This code is the ACES medical coverage group code which will identify the type of medical assistance the patient is receiving. Identification of medical coverage group helps providers to determine the need for additional services such as pregnancy-related First Steps services, or if the patient is a potential Healthy Options enrollee.

| Medical Coverage Group | Medical Coverage Group Definitions |
|----------------------------|---|
| Codes | |
| C01, C95 and C99 | Waivered and Community Based Programs such as CAP, |
| | COPES, and Hospice |
| F01, F02, F03, F04 and F09 | Medical assistance for families |
| F05, F06, F95, F99, H01 | Medical assistance for children |
| G01 and G02 | General Assistance |
| G03, G95 and G99 | Medical Assistance for a resident of an Adult Living Facility |
| | (ALF) |
| 101 | Institution for the Medical Diseased (IMD) |
| K01,K03,K95 and K99 | Family Long Term Care |
| L01, L02, L04, L95 and L99 | Long Term Care |
| M99 | Medically Indigent (MI) |
| P02, P04, P05 and P99 | Pregnancy related |
| R01, R02, R03 | Refugee |
| S01,S02, S07,S95 and S99 | Aged, blind or disabled (SSI) or SSI-related |
| S08 | Healthcare for Workers with Disabilities (HWD) |
| S03, S04, S05 and S06 | Medicare savings programs |
| W01, W02 and W03 | ADATSA |

The following ACES medical coverage groups, if not otherwise exempt, are required to enroll in Healthy Options: F01, F02, F03, F04, F05, F06, H01, and P02.

WORKER RESPONSIBILITIES

1. Replacement MAIDs batched from ACES will not contain the appropriate information in the Medical Coverage Information section. Replacement MAIDs printed through the local issuance function of ACES will contain the correct

information. Because the information is very important in the delivery of medical services, before taking action to order a replacement MAID, FSSs should always:

- a. Review the information which was printed on the original card by bringing up the benefit history MAID issuance screen; and
- b. Print the replacement MAID through the local function if an entry appears in any of the areas of the Medical Coverage Information section.
- 2. Refer clients with questions about:
 - a. Third party insurance to the Third party Resource hotline 800-562-6136;
 - b. Healthy Options coverage to the plan phone number listed in section 19 on the MAID;
 - c. Other questions about medical services to the Medical Assistance Customer Service Center (MACSC) hotline 800-562-3022.